



CASE CL/V-32843A

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Sara Carter
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Sara Carter
Signature

August 16, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

JOSEPH MICHAEL LINDACHER

APPLICATION NO: 10/766,194

FILED: JANUARY 28, 2004

FOR: OPHTHALMIC LENS HAVING AN OPTICAL ZONE BLEND DESIGN

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is supplemental to the Information Disclosure Statement filed January 28, 2004 and April 20, 2004. Since Applicant believes this paper is being filed before the mailing date of a first Office Action on the merits, no fees are believed to be required under 37 C.F.R. §1.97(b)(3). If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 50-2965.

In accordance with 37 C.F.R. §1.56, applicant wishes to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,



Jian Zhou
Agent for Applicant
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Date: August 16, 2004

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Sheet 1 of 1

ATTY. DOCKET NO.
CLV-32843A
APPLICATION NO.
10/766,194
APPLICANT
JOSEPH MICHAEL LINDACHER
FILING DATE
JANUARY 28, 2004

Group



U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	Copy of a PCT Invitation to Pay Additional Fees and Equivalency list
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.